

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHOD, COMPOSITIONS AND KITS FOR INCREASING THE ORAL BIOAVAILABILITY OF PHARMACEUTICAL AGENTS
Attorney Docket Number::	BAKER 3.0-002 CIP DIV CONT CONT
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	46
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Samuel
Family Name::	Broder
City of Residence::	Weston
State or Province of Residence::	FL
Country of Residence::	US
Street of mailing address::	2532 Eagle Run Circle

City of mailing address:: Weston  
State or Province of mailing address:: FL  
Postal or Zip Code of mailing address:: 33327

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Kenneth  
Middle Name:: L.  
Family Name:: Duchin  
City of Residence:: Fort Lauderdale  
State or Province of Residence:: FL  
Country of Residence:: US  
Street of mailing address:: 2679 Cypress Lane  
City of mailing address:: Fort Lauderdale  
State or Province of mailing address:: FL  
Postal or Zip Code of mailing address:: 33332

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Sami  
Family Name:: Selim  
City of Residence:: Irvine  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 17 Colonial  
City of mailing address:: Irvine  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92720

### **Correspondence Information**

Correspondence Customer Number:: 000530

### **Representative Information**

Representative Customer Number:: 000530

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/242,050	09/12/02
10/242,050	Continuation of	09/829,846	04/10/01
09/829,846	Division of	08/733,142	10/16/96
08/733,142	Continuation-in-part of	08/608,776	02/29/96
08/608,776	An application claiming the benefit under 35 USC 119(e)	60/007,071	10/26/95

### **Assignee Information**

Assignee name:: Baker Norton Pharmaceuticals, Inc.

Street of mailing address:: 4400 Biscayne Boulevard

City of mailing address:: Miami

State or Province of mailing address:: FL

Postal or Zip Code of mailing address:: 33137-3227